

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3664-63-013464

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

STATE FILE NUMBER

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Jewish Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4256 McPherson

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First ALLEN

Middle L.

Last KENNEDY

4. DATE OF DEATH

Month March Day 27 Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/22/1921

9. AGE (last birthday)

42

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cashier

10b. KIND OF BUSINESS OR INDUSTRY

Yellow Transit Freight

11. BIRTHPLACE (City and state or country)

Delta, Pa.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

William B. Kennedy

13b. MOTHER'S MAIDEN NAME

Nora Hess

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Nora Kennedy, 2215 No. 9th-Corvallis, Oregon

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH

3 weeks ±

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

LEFT VENTRICULAR ENLARGEMENT (scarred)

DUE TO (c)

MYOCARDIAL INFARCTION (old)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4201

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1954 to March 7/63 and last saw him alive on March 26/63
Death occurred at 3:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

10811 St. Charles Road, St. Ann, Mo.

22c. DATE SIGNED

3/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

3-29-63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd. 3-29-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address *M. L. L. 100*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.